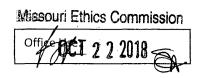


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 10/15/2018	NN824	2-3
_	Type: \square New \blacksquare Amended (if amending, enter MEC ID \bigcirc		hanged <u>2-3</u>)
2.	Civic Progress Action Committee		
	Name of Committee 211 North Broadway, Suite 3600, St. Louis, M	1O 63102-2750	(314) 259-2242
	Committee Mailing Address. City, State, & Zip	-	of Election Commissioners
	County Clerk or Board of Election Commissioners Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Christopher Girouard	· \	
	Treasurer's Name (First & Last)	And the second second	244 250 2242
	211 North Broadway, Suite 3600, St. Louis, MO 63102-2750 Treasurer's Mailing Address, City, State, & Zip	((314) 259-2242 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	al)
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	C Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any) Connected Organization's Name (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
	y y to the second to		
5.	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees		n back) 📙 No
-		<u> </u>	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	
		()	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committe	es Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	ignature(s) Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Carponitto Tracurar	Candidate (Candidate Committees Only)	